

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

**SERIAL NO.**

**FILING DATE**

09780

02-09-01

**CLAIMS**

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS			
IND.	DEP.	IND.	DEP.	IND.	DEP.	*	*	*	
1						51			
2						52			
3						53			
4						54			
5						55			
6						56			
7						57			
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42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL ID.						TOTAL IND.			
TOTAL EP.						TOTAL DEP.			
TOTAL CLAIMS						TOTAL CLAIMS			